RENEWAL APPLICATION

CURRENT LICENSE EXPIRES JUNE 30

<u>Instructions</u>: Please complete this form and submit, including the licensing fee of \$500.00, to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. Fee applies to <u>each location</u> transacting business. For questions, contact the Consumer Credit Licensing Section, 573-751-3463.

MICCOLDI DIVICIONI OF FINANCE

MISSOURI DIVISION OF FINANCE		OFFICE USE ONLY		
Renewal Application for		PF	Rec#	
		Check No.	Amount: \$	
Premium Finance Company Certificate of Registration		Date:	Initials:	
**IF NOT RENEWING – Please check, provide appropriate information, and return to the above address. Ceased lending activities Closed location Sold to: Sold to:				
Information as listed on current license:				
Company Name: Lice		ense Number:		
Street Address:				
City:	State:	7	Cip:	
Telephone:	Fax:	County (MO only):		
☐ Please check if above Licensed Location information is <u>correct</u> .				
Check if above Licensed Location information is changed or incorrect and enter correct information below:				
Company Name:				
Street Address:				
City:	State:	Ziŗ):	
	Fax: 0			
Hours of Operation:				
Contact Person for Licensing/Renewal Issues	Name/Title:			
	Mailing Address:			
	City/State/Zip:			
	Telephone: ()	Email:		
Person to Receive Examination Reports	Name/Title:			
	Mailing Address:			
	City/State/Zip:			
	Telephone: ()	Email:		
Contact Person for Consumer Inquiries/ Complaint Issues	Name/Title:			
	Mailing Address:			
	City/State/Zip:			
	Telephone: ()	Email:		

	Name	Name		
Company Home Office	Street Address:			
Information (if applicable)	Mailing Address:			
	City/State/Zip:			
	Telephone: () Fax: ()			
OWNERSHIP: If applica complete Sections II <u>and</u> III		I. Partnership, complete Section II. Corporation or LLC,		
I. INDIVIDUAL	Name:	Phone Number: ()		
	Residence Address:			
	Business Address:			
II. PARTNERSHIP, ASSOCIATION <u>OR</u> CORPORATION	Name:	Phone Number: ()		
	Principal Business Address:			
Names, Titles of Partners/Officers	Business Address	Residence Address		
III.	Date of Incorporation:			
CORPORATION Principal Office in Missouri (if applicable):				
STATE OF				
		n(n) (officer) (principal) (partner) in the company above named and nsurance premium financing and that said company is authorized to		
		Signature / Officer, Partner, Principal		
Subscribed and sworn to before me this day of, 2				
		Notary Public My Commission expires:		